\Box	PA'	TENT APPLI	of 1995, r CATIO	N FEE DET	uired to respond	N RECOR	of info	xwasiou nu anawsik O	mice; U.S. less it disp	DEPARTMENT lays a valid OMI	OF COMMERC
Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED (Column 1)				PARTI	SMA	SMALL ENTITY			OR OTHER THAN SMALL ENTITY		
	FOR	NUME	NUMBER FILED		NUMBER EXTRA			FEE	7		7
(37	CFR 1.16(a))					RATE			1	RATE	FEE
	TAL CLAIMS CFR 1.16(c))		minus 20 = 4				-	<u>\$</u>	OR		s
IND	EPENDENT CLAI CFR 1.16(b))	IMS	minus 3 =			X S			OR	X \$=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ s	-		OR'	x s=	
	(**************************************						-		OR	+s=	<u> </u>
н	* If the difference in column 1 is tess than zero, enter '0' in column 2.					IATOT	. [OR	TOTAL	
	С	LAIMS AS AM	IENDEC) – PART II							•
		(Column 1)	1	(Column 2)	(Column 3)	SMA	SMALL ENTITY		OR	OTHE SMALL	R THAN ENTITY
AMENDMENT A	10/18/04	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	. ADDI- TIONAL
ğ	Total (37 CFR 1.16(c))	18	Minus	" 23	=	× s	_		1		FEE
JEN EN	Independent (37 CFR 1,16(b))	2	Minus	" 3	=				OR	× \$=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						十		OR	× \$=	_/
						TOTAL	-	<u> </u>	OR	TOTAL	
		(Column 1)		(Column 2)	(Column 2)	ADD'L FE	Ł L		OR	ADD'L FEE	<u> </u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))		Minus	••	= .	x s	_				FEE
Œ	Independent (37 CFR 1,16(b))	•	Minus	444	·= ·		_		OR	× \$=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5	-		OR	× \$=	
						TOTAL ADD'L FEE			OR OR	+ \$ = TOTAL ADD'L FEE	-
_		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C	Total	. CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY: PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 CFR 1,16(c))		Minus	••	=	x s_ =			-		FEE
	Independent (37 CFR 1,16(b))	•	Minus	• • • • • • • • • • • • • • • • • • • •	=	x s_ =	\top		OR	X \$=	-
ব	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR OR	X \$=	
		olumn 1 is lass than				TOTAL ADD'L FEE	\neg		OR I	+ \$ = TOTAL ADD'L FEE	·

In the entry in column 1 is less than the entry in column 2, write 0 in column 3.

If the "Highest Number Previously Paid For" (N THIS SPACE is less than 20, enter "20",

If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, anter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate book in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate Section column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden; should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

entry in column 2, write "0" in column 3.